Schedule E)	PAGE 1 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayay
Full Name of Payee Ms. Tonya Boyd	Date of Public Distribution/Dissemination
	08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd	Amount
City State Zip Code	90.00
Mt. Airy NC 27030	Transaction ID: e3aa90f8-e26d-41ad-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 220770.80	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Ms. Tonya Boyd	08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd	Amount
City State Zip Code	25.02
Mt. Airy NC 27030	Transaction ID: 81c03762-a802-4946-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 200770.80	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	115.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Ms. Emily Buchanan [Electronically Filed] Date	08
Signature	

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 2 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Bonnie C Blackburn			08
Mailing Address 2261 King George Ct.			Amount
City	State	Zip Code	20.00
Winston-Salem	NC	27103	Transaction ID : aeee2486-351e-425c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	220770.80	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Pizza Hut			08 / 07 / 2014
Mailing Address 1900 M St NW, Ste 102			Amount
City	State	Zip Code	57.52
Washington	DC	20036	Transaction ID : 48db7949-ddfd-4d48-b Date of Disbursement or Obligation
Purpose of Expenditure Food		Category/ Type 007	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expen	ditures		77.52
(b) SUBTOTAL of Unitemized Independent Exp	enditures)
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
- 3			

Schedule E	E)				PAGE 3 OF 60 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	oort Amends repo		M / D D / Y B Y B Y
Full Name Elizab	of Payee eth M Moore				of Public Distribution/Dissemination
	Idress 1223 Silver Sage Dr Apt 303				08 07 2014
Wisaming 7.2	1223 Silver Sage DI Api 303			Amou	nt
City		State	Zip Code		10.00
Raleigh		NC	27606		action ID : fdd99dc4-33cc-4071-9 of Disbursement or Obligation
Purpose o Salary	f Expenditure		Category/ Type 001		08 07 7 2014
Name of I	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay F	lagan		X Oppose	Preside	NO.
	ndar Year-To-Date Election for Office Sought		220770.80	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	e of Payee				of Public Distribution/Dissemination
	eth M Moore				-M / D D / Y Y Y Y
Mailing Ad	ddress 1223 Silver Sage Dr Apt 303				08 07 2014
				Amou	nt
City		State	Zip Code		1.59
Raleigh		NC	27606		oction ID: bb10b3bd-1246-454c-b of Disbursement or Obligation
Purpose of Mileage	of Expenditure		Category/ Type 002		08 / 07 / 2014
	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay F	lagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought		220770.80	Disbursemen 2014	t For:
(a) SUBTO	TAL of Itemized Independent Expendent	itures		•	11.59
(b) SUBTO	TAL of Unitemized Independent Expe	enditures		•	
(c) TOTAL	Independent Expenditures			· -	7 1 7 1 7
with, or at t	alty of perjury I certify that the independent of suggestion of, any can bittee) any political party committee or	ididate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08	09 / 2014
Signatur	re				

Schedul	le E)	III =/\(\).	1101120		PAGE 4 OF 60 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
					- M / D - D / Y - Y - Y
Check if	24-hour report X 48-hour report	X New rep	oort Amends repo	ort filed on	
	ame of Payee oriella E Hansen				of Public Distribution/Dissemination
Mailing	Address 310 West Meath Drive			Amou	
City		State	Zip Code	— I L.	20.00
Winte	rville	NC	28590		action ID : cfffcf3e-9df9-4bbf-9 f Disbursement or Obligation
Purpos Salary	se of Expenditure		Category/ Type 001	М	08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. K	ay Hagan		Oppose	Preside	NO.
	alendar Year-To-Date er Election for Office Sought		220770.80	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	ame of Payee riella E Hansen				of Public Distribution/Dissemination
Mailing	g Address 310 West Meath Drive			Amou	
City		State	Zip Code	$ \Gamma$	15.60
Winte	erville	NC	28590	Transa Date	oction ID: 69275e13-d7b7-4167-a of Disbursement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 002		08 / 07 / 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. K	ay Hagan		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	220770.80	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUI	BTOTAL of Itemized Independent Expendit	ures		· ·	35.60
(b) SUI	BTOTAL of Unitemized Independent Expen	ditures			
(c) TO	FAL Independent Expenditures			· [7 1 7 1 7
with, or	penalty of perjury I certify that the indepen at the request or suggestion of, any candi ommittee) any political party committee or in	idate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08	09 / 2014
Sign	ature		_		

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
_	G 500330700
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Luke T Waltermire	08 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 107 S Grist Mill Rd	Amount
City State Zip Code	27.00
Hampstead NC 28443	Transaction ID : e049d599-5fc5-40f1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 07 / 2014
	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 220770.80 Dis	bursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Luke T Waltermire	08 07 2014
Mailing Address 107 S Grist Mill Rd	Amount
City State Zip Code	24.00
Hampstead NC 28443	Transaction ID : 7e6a892d-6c34-4731-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 220770.80	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	51.00
	01.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Ms. Emily Buchanan [Electronically Filed] Date	08
Signature	

Schedule E)	LIVI EXI LIVE	ATTOTILES	PAGE 6 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Matt Curran			08 / 07 / 2014
Mailing Address 1537 Country Lane			Amount
City	State	Zip Code	41.50
Kernersville	NC	27284	Transaction ID : b2168e78-6b24-4b46-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 4 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	220770.80	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Matt Curran			08
Mailing Address 1537 Country Lane			Amount
City	State	Zip Code	16.50
Kernersville	NC	27284	Transaction ID : 226024d9-2323-49dc-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		58.00
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G coossister
Check if 24-hour report	on Mam / Dab / Yayayay
Full Name of Payee Steven Best	Date of Public Distribution/Dissemination
Steven best	08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Washington Ave	Amount
City State Zip Code	33.00
Newport NC 28570	Transaction ID: 4b1b95aa-44a0-4aa9-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 220770.80 Disbut 2014	ursement For:
Full Name of Payee Steven Best	Date of Public Distribution/Dissemination
Mailing Addrago	08 07 2014
Mailing Address 103 Washington Ave	Amount
City State Zip Code	9.21
Newport NC 28570	Transaction ID: fde81496-4788-48ac-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 220770.80	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	42.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 2014
Signature	

Schedule E)	VI =/\. =.\.	1101120		PAGE 8 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Allie Butler				ublic Distribution/Dissemination
			08	07 2014
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code		35.00
Ayden	NC	28513		on ID : fd8bae38-5cc6-41ee-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Di	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For 2014 Other	r: Primary ⊠ General (specify) ▶
Full Name of Payee				ublic Distribution/Dissemination
Andrea L Hammond			M M M 08	
Mailing Address 12920 Kneeland Ln				0/ 2014
			Amount	
City	State	Zip Code		25.00
Neosho	MO	64850	Transactio Date of D	n ID: 142e1ba9-b2fc-4364-9 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	07 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		54260.78	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		• •	60.00
(b) SUBTOTAL of Unitemized Independent Expend	litures		· •	7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		9 2014
Signature				

Schedule E)	FENDENT EXPEND	TIONES	PAGE 9 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hou	r report New rep	port Amends repo	rt filed on
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln			08 07 2014 Amount
City Neosho	State MO	Zip Code 64850	31.80 Transaction ID : 6b379f3d-d4ab-4cda-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement of Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		54260.78	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Matt Gleb			08 / 07 / 2014
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	35.00
Ayden Purpose of Expenditure	NC	28513	Transaction ID: 6e03b64d-8319-422f-a Date of Disbursement or Obligation
Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independer	t Expenditures		. ▶ 66.80
(b) SUBTOTAL of Unitemized Independent	lent Expenditures		
(b) COBTOTAL OF CHIRCHINECU INDOPONE	chi Experientireo		7 7 7
(c) TOTAL Independent Expenditures)
	any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	LIVI LXI LIVI	JITONES	PAGE 10 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Matt Gleb			08 / 07 / 2014
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	22.50
Ayden	NC	28513	Transaction ID : 5f48e9a2-06f5-47e5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 07 / 4 9 9 9
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Sharon Lloyd			08 07 2014
Mailing Address 4301 Lankford			Amount
City	State	Zip Code	50.00
Springdale	AR	72762	Transaction ID: e716e1a2-e3d2-428d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	54260.78	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		72.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(b) CODICIAL OF CHIRCHIEZED HIDDENIACH EXPO			4
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
-			

Schedule E)	_X	TOTILO		PAGE 11 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				C 300330700
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M
Full Name of Payee			Date	of Public Distribution/Dissemination
Sharon Lloyd			IV	08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4301 Lankford			Amou	int
City S	State	Zip Code		14.76
	AR	72762		saction ID : 2247f459-140a-4d76-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 07 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		54260.78	Disbursemen 2014	nt For:
Full Name of Payee				of Public Distribution/Dissemination
Amanda Boley				W = M / D = D / Y = Y = Y
Mailing Address Split Oak Drive			L	08 07 2014
Mailing Address Split Oak Drive			Amou	unt
City	State	Zip Code		55.00
charlotte	NC	28227	Transa Date	action ID : 7fc2881f-ed3c-45e9-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 07 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursemer 2014	nt For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures			· •	69.76
(b) SUBTOTAL of Unitemized Independent Expenditure	∋s		· •	
(a) TOTAL Independent Evpanditures				
(c) TOTAL Independent Expenditures			· ·	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 08	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	INI EXPEN	DITORLS	PAGE 12 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			08 / 07 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	20.94
charlotte	NC	28227	Transaction ID : a5b72313-ee1b-4b1a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Antoinette Franklin			08 / 07 / 2014
Mailing Address 8822 Apple St			Amount
City	State	Zip Code	50.00
New Orleans	LA	70188	Transaction ID : 2634b996-1cc7-4e12-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		70.94
(4)			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	INT EXI END	ATOTILO	PAGE 13 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St			08 07 2014 Amount
City New Orleans	State LA	Zip Code 70188	50.00 Transaction ID: 0d55990a-f8e5-45ed-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			08 7 07 7 2014
			Amount
City	State	Zip Code	80.00
New Orleans	LA	70116	Transaction ID: f148f6dd-2928-4da8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- 5 5	88731.32	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	tures		▶ 130.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
,,			7 7 7
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 08 09 7 2014
o.g.iataro			

Schedule E)	L/((L. 1.5	J1123		PAGE 14 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 000000.00
Check if 24-hour report X 48-hour report	New report	Amends repo	ort filed on	W = M / D = D / Y = Y = Y
Full Name of Payee Tammay Williams			Date	of Public Distribution/Dissemination
				08 07 2014
Mailing Address 924 N. Prieur St			Amou	unt
City St	tate Zir	p Code	- $ -$	12.00
		0116		saction ID : 3d184f9b-a831-484c-b of Disbursement or Obligation
Purpose of Expenditure Mileage	С	Category/ Type 002		08 07 / 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	887	731.32	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
David Ford				08 07 2014
Mailing Address 106 Hillside St			Amou	
			711100	uiit
'		p Code		90.00
	NC 28	8160	Date	action ID: 1fdb15e6-09ef-4597-8 of Disbursement or Obligation
Purpose of Expenditure Salary	С	Category/ Type 001		08 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursemer 2014	nt For:
•				
(a) SUBTOTAL of Itemized Independent Expenditures			▶	102.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures				1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized co			
Ms. Emily Buchanan	[Electronical	lly Filed] Date	e 08 /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)		7101120		PAGE 15 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	7 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Full Name of Payee David Ford			Date of Pub	lic Distribution/Dissemination
Mailing Address 106 Hillside St			08	07 2014
			Amount	
City	State	Zip Code		9.99
Spindale	NC	28160		n ID: 5c17f6ce-42d6-4534-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ▶
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Christopher Pollreis			M = M 08	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 15.5 Magnolia Circle				2011
			Amount	
City	State	Zip Code		10.00
Searcy	AR	72143	Transaction Date of Dis	ID: 13356b82-ecc9-4932-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		54260.78	Disbursement For: 2014 Other (Primary X General Specify) ▶
-				
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	19.99
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	9 08 09	
Signature				

FEC IDENTFICATION NUMBER ▼ C C00530766	ochedule L)			FOR SE OF FORM 24/48
Check if				FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Christopher Pollreis Mailing Address 15.5 Magnolia Circle Searcy AR 72143 Name of Expenditure Mileage Quarter Candidate Mileage Quarter Candidate Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Purpose of Expenditure Mailing Address 1804 Auburn Ave Calendar Year-To-Date Purpose of Expenditure Salary Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Offi	vvomen Speak Out F	AU		C C00530766
Christopher Polireis Mailing Address 15.5 Magnolia Circle City State Zip Code 72143 Purpose of Expenditure Mileage Name of Federal Candidate Search Per Election for Office Sought Full Name of Payee Donald Dessauer Mailing Address 1804 Auburn Ave City State Zip Code 7490 002 Mealing Address 1804 Auburn Ave Disbursement For: Primary General 2014 Amount Transaction ID : 7eece85b-0c95-4167-8 Date of Debursement or Obligation Transaction ID : 7eece85b-0c95-4167-8 Date of Debursement or Obligation Transaction ID : 7eece85b-0c95-4167-8 Date of Debursement or Obligation Transaction ID : 7eece85b-0c95-4167-8 Date of Debursement or Obligation Transaction ID : 7eece85b-0c95-4167-8 Date of Debursement or Obligation Transaction ID : 7eece85b-0c95-4167-8 Date of Debursement For: Primary General 2014 Amount City State Zip Code 707 2014 Amount City State Zip Code 707 2014 Amount Category 001 Name of Federal Candidate 907 2014 Metaire 15.00 Transaction ID : 7eece85b-0c95-4167-8 Date of Debursement or Obligation Transaction ID : 7eece85b-0c95-4167-8 Date of Debursement or Obligation Transaction ID : 7eece85b-0c95-4167-8 Date of Public Distribution Dissemination Transaction ID : 7eece85b-0c95-4167-8 Date of Public Distribution Dissemination Transaction ID : 7eece85b-0c95-4167-8 Date of Public Distribution Dissemination Transaction ID : 7eece85b-0c95-4167-8 Date of Public Distribution Dissemination Transaction ID : 7eece85b-0c95-4167-8 Date of Public Distribution Dissemination Transaction ID : 7eece85b-0c95-4167-8 Date of Public Distribution Dissemination Transaction ID : 7eece85b-0c95-4167-8 Date of Public Distribution Dissemination Transaction ID : 7eece85b-0c95-4167-8 Date of Public Distribution Dissemination Transaction ID : 7eece85b-0c95-4167-8 Date of Public Distribution Dissemination Transaction ID : 7eece85b-0c95-4167-8 Date of Public Distribution Dissemination Transaction ID : 7eece85b-0c95-4167-8 Date of Public Distribution Dissemination Transaction ID : 7eece85b-	Check if 24-hour report	X 48-hour report New rep	port Amends report file	
Mailing Address 15.5 Magnolia Circle City Stale Zip Code AR 72143 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought AR 70003 Full Name of Payee Donald Dessauer Mailing Address 1804 Aubum Ave City State Zip Code President Senate State: AR Disbursement For: Primary Ceneral Purpose of Expenditure Salary Mailing Address 1804 Aubum Ave City State Zip Code Transaction ID : 7eece85b-0:95-4157-8 Date of Public Distriction Dissemination OR		:_		Date of Public Distribution/Dissemination
City State Zip Code Searcy AR 72143 Purpose of Expenditure Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mailing Address 1804 Auburn Ave City State Zip Code Transaction ID: Tecce\$59-695-41b7-8 Date of Disbursement or Obligation Office Sought: House District: 00 President Senate State: AR Disbursement For: Primary General Per Election for Office Sought Full Name of Payee Donald Dessauer Mailing Address 1804 Auburn Ave City State Zip Code Metaire LA 70003 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Amount Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Amount Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Unitemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Linder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. Ms. Emili, Buchanan (Electronically Filled) Date Of Disbursement For: Organization, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.	<u> </u>			
Searcy AR 72143 Furpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Mr. Mark L Pyror Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Donald Dessauer Mailing Address 1804 Auburn Ave Category/ Metaire LA 70003 Purpose of Expenditure Slary State LA 70003 Name of Federal Candidate Mailing Address 1804 Auburn Ave Transaction ID: 7eece85b-0c95-41b7-8 Date of Disbursement or Obligation Transaction ID: 2906c37-6afb-acda-b Date of Public Distribution/Dissemination OB O7 2014 Amount Transaction ID: 22906c37-6afb-acda-b Date of Public Distribution/Dissemination OB O7 2014 Name of Federal Candidate Name of Federal Candidate Support Name of Federal Candidate Support Name of Federal Candidate Support Office Sought: House District: O0 Ms. Mary L Landrieu Oppose President Senate State: A Calendar Year-To-Date Per Election for Office Sought Senate State: A Disbursement For: Primary General Disbursement For: Primary General Other (specify) Transaction ID: 22906c37-6afb-acda-b Date of Disbursement or Obligation Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: Date of Disbursement For: Primary Oppose President Senate State: A Disbursement For: Primary Oppose President Senate State: A Disbursement For: Primary Office Sought Other (specify) Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction I	Mailing Address 15.5 Mag	nolia Circle		Amount
Searcy AR 72143 Furpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Mr. Mark L Pyror Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Donald Dessauer Mailing Address 1804 Auburn Ave Category/ Metaire LA 70003 Purpose of Expenditure Slary State LA 70003 Name of Federal Candidate Mailing Address 1804 Auburn Ave Transaction ID: 7eece85b-0c95-41b7-8 Date of Disbursement or Obligation Transaction ID: 2906c37-6afb-acda-b Date of Public Distribution/Dissemination OB O7 2014 Amount Transaction ID: 22906c37-6afb-acda-b Date of Public Distribution/Dissemination OB O7 2014 Name of Federal Candidate Name of Federal Candidate Support Name of Federal Candidate Support Name of Federal Candidate Support Office Sought: House District: O0 Ms. Mary L Landrieu Oppose President Senate State: A Calendar Year-To-Date Per Election for Office Sought Senate State: A Disbursement For: Primary General Disbursement For: Primary General Other (specify) Transaction ID: 22906c37-6afb-acda-b Date of Disbursement or Obligation Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: Date of Disbursement For: Primary Oppose President Senate State: A Disbursement For: Primary Oppose President Senate State: A Disbursement For: Primary Office Sought Other (specify) Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction ID: 22906c37-6afb-acda-b Date of Disbursement For: On Office Sought Transaction I	City	State	Zip Code	0.90
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Donald Dessauer Malling Address 1804 Auburn Ave Category/ Metaire LA 70003 Category/ Type Category/ Type Date of Public Distribution/Dissemination 08 07 2014 Amount Category/ Type Category/ Type Office Sought Date of Public Distribution/Dissemination 08 07 2014 Amount City State Category/ Type Office Sought Date of Public Distribution/Dissemination 08 07 2014 Amount City State Category/ Type Office Sought Date of Public Distribution/Dissemination 08 07 2014 Amount City State Category/ Type Office Sought Date of Public Distribution/Dissemination O8 07 2014 Amount Category/ Type O7 2014 Other (specify) P Category/ Type Office Sought Date of Public Distribution/Dissemination O8 07 2014 Amount Category/ Type O7 2014 ON 08 07 2014 ON 08 07 2014 ON 08 07 2014 Other (specify) P In order of Public Distribution/Dissemination O8 07 2014 ON 08		AR	•	
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Donald Dessauer Full Name of Payee Donald Dessauer City State LA 70003 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Pederal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Ms. Mary L Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Ms. Mary L Calendar Year-To-Date Per Election for Office Sought Ms. Mary L candidate Disbursement for: Disbursement For: Primary General Other (specify) ▶ Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan Electronically Filed Date				M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Donald Dessauer Mailing Address 1804 Auburn Ave City State Zip Code Metaire LA 70003 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan (Electronically Filed) Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Amount Tansaction ID: 22908c37-6afa-4cda-b Date of Disbursement or Obligation Tansaction ID: 22908c37-6afa-4cda-b Date of Public Distribution/Dissemination Tansaction ID: 22908c37-6afa-4cda-b Date of Public Distribution/Dissemination Tansaction ID: 22908c37-6afa-4cda-b Date of Disbursement or Obligation Tansaction ID: 22908c37-6afa-4cda-b Date of Disbursement or Obligation Tansaction ID: 22908c37-6afa-4cda-b Date of Disbursement or Obligation Tansaction ID: 22908c37-6afa-4cda-b Date of Dat	Name of Federal Candidat	e	Support Office	ce Sought: House District: 00
Per Election for Office Sought Full Name of Payee Donald Dessauer Malling Address 1804 Auburn Ave City State Zip Code Metaire LA 70003 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office	Mr. Mark L Pryor			
Full Name of Payee Donald Dessauer Mailing Address 1804 Auburn Ave City State Zip Code Metaire LA 70003 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination Amount Transaction ID: 22908c37-6afb-4cda-b Date of Disbursement of Obligation Transaction ID: 22908c37-6afb-4cda-b Date of Disbursement of Obligation Transaction ID: 22908c37-6afb-4cda-b Date of Public Distribution/Dissemination Transaction ID: 22908c37-6afb-4cda-b Date of Public Distribution/Dissemination Transaction ID: 22908c37-6afb-4cda-b Date of Public Distribution/Dissemination Transaction ID: 22908c37-6afb-4cda-b Date of Public Distribution ID: 22908c37-6afb-4cda-b Date of D				4
Donald Dessauer Mailing Address 1804 Auburn Ave City State Zip Code Metaire LA 70003 Purpose of Expenditure Salary Name of Federal Candidate Support Type 001 Name of Federal Candidate Support Ms. Mary L Landrieu Support Office Sought: House District: 00 Ms. Mary L Landrieu Support President Senate State: LA Calendar Year-To-Date Per Election for Office Sought Ms. Mary L Ca	Full Name of Pavee			
Mailing Address 1804 Auburn Ave City				M = M / D = D / Y = Y = Y
Metaire LA 70003 Transaction ID: 22908c37-6afb-4cda-b Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. IElectronically Filed Date Transaction ID: 22908c37-6afb-4cda-b Date of Disbursement or Obligation Transaction ID: 22908c37-6afb-4cda-b Date of Disbursement or Obligation Total Date of Disbursement or Obligation President Senate State: LA Other (specify) Other (specify) Independent Expenditures Independent Expenditures Disbursement For: Primary Other (specify) Independent Expenditures Ind	Mailing Address 1804 A	uburn Ave		_ Lil Lil Lil
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Disbursement or Obligation Office Sought: House District: 00 President Senate State: LA Other (specify) Other (specify) (c) TOTAL Independent Expenditures (d) TOTAL Independent Expenditures (e) TOTAL Independent Expenditures (f) Total Independent Expenditures (g) Total Independent Expenditur	City	State	Zip Code	15.00
Purpose of Expenditure Salary Name of Federal Candidate	Metaire	LA	70003	
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Senate State: LA				M - M / D - D / Y - Y - Y
Calendar Year-To-Date Per Election for Office Sought 88731.32 Disbursement For: Primary General 2014 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidat	е	Support Offi	ce Sought: House District:00
Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Mary L Landrieu		∑ Oppose	President Senate State: LA
(b) SUBTOTAL of Unitemized Independent Expenditures				[4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(a) SUBTOTAL of Itemized	Independent Expenditures	·····	15.90
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemiz	ed Independent Expenditures	·····	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Ex	penditures	· · · · · · · · · · · · · · · · · · ·	
[Electronically Filed] Date 08 09 2014	with, or at the request or su	iggestion of, any candidate or authorize		
Dutc 11 To Dutc	Ms. Emily Buche			
	Signature			

PAGE 16

OF

60

Schedule E)	IVI EXI EIVE	ATOTILO	PAGE 17 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Donald Dessauer			08 07 7 2014
Mailing Address 1804 Auburn Ave			Amount
City	State	Zip Code	2.10
Metaire	LA	70003	Transaction ID : 7f412224-31b9-4460-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	88731.32	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			08 / 07 / 2014
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	40.00
Charlotte	NC	23215	Transaction ID : 6a14aaf0-f770-4b7e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	- T	220770.80	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ıres		. • 42.10
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 09 7 2014
- 3			

Schedule E)	DEI ENDENT EXI END	1101120		PAGE 18 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-	hour report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Data of Bubli	- Distribution/Dissemination
Lorri Anderson			Date of Publi	c Distribution/Dissemination 7 07 2014
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		12.60
Charlotte	NC	23215		ID: c0cf58e0-2a5c-4851-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	220770.80	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Xavier Miller			Date of Publi	c Distribution/Dissemination
** '9'			08	07 2014
Mailing Address 407 randall Dr			Amount	
City	State	Zip Code		10.00
Searcy	AR	72143	Transaction II Date of Disb	D: 13674cd9-cab2-409b-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		54260.78	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Indepen	ndent Expenditures			22.60
(b) SUBTOTAL of Unitemized Indep	endent Expenditures		• •	7
(c) TOTAL Independent Expenditure	÷s		•	4
Under penalty of perjury I certify th with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	08 / 09	2014
Signature				

Schedule E)		1101.20		PAGE 19 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Kassidy L Tyer				08
Mailing Address 41 Hawk Hollow Trail			Amoun	ıt
City	State	Zip Code		35.00
	NC	28425		action ID: b2e3534f-6ea2-4e65-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	08
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	220770.80	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Kassidy L Tyer				08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 41 Hawk Hollow Trail				06 07 2014
			Amour	nt
City	State	Zip Code		15.00
	NC	28425		ction ID: 004af4f7-7b67-47d2-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 07 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	50.00
(b) SUBTOTAL of Uniternized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	M M / / 08	09 / Y = Y = Y = Y = Y
Signature				

Sche	edule E)	L /(L (2)	101.20		PAGE 20 OF 60 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Woı	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends re	port filed on	M = M / D = D / Y = Y = Y
	ull Name of Payee Billy Martin			D	Date of Public Distribution/Dissemination
Ma	ailing Address 250 JS Brewton rd				08 07 2014 mount
	.	<u> </u>	- 0 1	— г	00.00
Ci g	oldonna	State LA	Zip Code 71031		60.00 Fransaction ID: bb4fa9a2-28e6-49f0-a Date of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 00	-	08 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office S	ought: House District:00
М	ls. Kay Hagan		Oppose		resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	220770.80	Disburse 2014	ement For: Primary X General Other (specify) ▶
	ull Name of Payee Billy Martin				Date of Public Distribution/Dissemination
M	lailing Address 250 JS Brewton rd			Д	08 07 2014 Amount
Ci	ity	State	Zip Code		6.90
g	goldonna	LA	71031	Tr	ansaction ID: 93dc8099-ddc9-4d8b-8 Date of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002	2	08 / 07 / 2014
	ame of Federal Candidate		Support	Office S	lought: House District: 00
N	/s. Kay Hagan		X Oppose	Pr	resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		220770.80	Disburse 2014	ement For:
(a)	SUBTOTAL of Itemized Independent Expenditures.			•	66.90
(b)	SUBTOTAL of Unitemized Independent Expenditure	es		, [
(c)	TOTAL Independent Expenditures			····· \	
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ag	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 08	09 2014
	Signature				

Schedule E)	ENDERN EXI END			PAGE 21 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hou	ur report New repo	ort Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee Jenna M Ledford			M = M	c Distribution/Dissemination
Mailing Address 2279 Gouges Creek	Rd		08 Amount	07 2014
City	State	Zip Code		70.00
Spruce Pine	NC	28777		ID: 9fe6bc38-407b-4f08-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	220770.80	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee Jenna M Ledford Mailing Address 2279 Gouges Cree	ık Rd		Date of Publi 08 Amount	c Distribution/Dissemination
City	State	Zip Code		26.49
Spruce Pine	NC	28777	Transaction II Date of Disbu	D: 12641d33-4dbc-4b13-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 08	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	220770.80	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independen	nt Expenditures		. •	96.49
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		•	
(c) TOTAL Independent Expenditures			·	1141141
Under penalty of perjury I certify that the with, or at the request or suggestion of party committee) any political party committee.	f, any candidate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	08 / 09	2014
Signature				-

Schedule E)	INT EXI END	THORIES	PAGE 22 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Andrea Melton			08 07 2014
Mailing Address 4015 Village Place			Amount
City	State	Zip Code	20.00
Winston-Salem	NC	27127	Transaction ID: a12db300-d124-4082-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Andrea Melton			08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4015 Village Place			Amount
City	State	Zip Code	9.90
Winston-Salem	NC	27127	Transaction ID: 276664ae-5514-42e9-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	220770.80	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	itures		29.90
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

Schedu	le E)	1 =/(1 = (1 =)					PAGE 23 OF 60 FOR SE OF FORM 24/48
	COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wome	en Speak Out PAC						C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amen	nds repo	rt filed on	/ M /	
	ame of Payee ice Barrett					M = M /	Distribution/Dissemination
Mailin	g Address 1588 Asbury				Amou	08 unt	07 2014
City		State	Zip Code				50.00
Sprin	gdale	AR	72762				D: 0018ed2b-308a-430c-8 ursement or Obligation
Purpo Salar	se of Expenditure y		Category/ Type	001		08	07 2014
Name	of Federal Candidate		Sur	pport	Office Sough	nt:	House District: 00
Mr. N	lark L Pryor			pose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		54260.78		Disbursemer 2014	nt For: Other (sp	Primary
	lame of Payee ce Barrett					M = M	c Distribution/Dissemination
Mailin	g Address 1588 Asbury				Amou	08 unt	07 2014
City		State	Zip Code		— I .		3.00
	ngdale	AR	72762		Trans Date	action ID	D: 87c0fc29-62c2-41d4-b ursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type	002] [08	07 / 2014
Name	e of Federal Candidate		Su	pport	Office Soug	ht:	House District: 00
Mr. N	flark L Pryor		X Op	pose	Presid	lent 2	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		54260.78		Disburseme 2014	nt For: Other (sp	Primary ☐ General Decify) ▶
(a) SU	BTOTAL of Itemized Independent Expenditure	98			•	-	53.00
(b) SU	BTOTAL of Unitemized Independent Expenditu	ures			· [
(c) TO	TAL Independent Expenditures				•		
with, or	penalty of perjury I certify that the independer at the request or suggestion of, any candidate ommittee) any political party committee or its a	te or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	08	09	2014
Sigr	nature						

Schedule E)	VI EXI END	TIONES		PAGE 24 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Aaron Credeur			08	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 234 East Musique Rd			Amount	
City	State	Zip Code		40.00
Carencro	LA	70520		D: 3bac482f-ef0c-49b3-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	88731.32	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Aaron Credeur			08	07 2014
Mailing Address 234 East Musique Rd			Amount	
City	State	Zip Code		9.90
Carencro	LA	70520		D: 3efd38b0-2d6d-434a-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	88731.32	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			49.90
(b) SUBTOTAL of Unitemized Independent Expend	ituraa		7	
(b) SOBTOTAL OF Officernized independent Expend	itures		•	7
(c) TOTAL Independent Expenditures			•	1 4 1 4 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 09	2014
•				

Sc	hedule E)		0				PAGE 25 OF 60 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report New	w report	Am	ends repo	ort filed or	M = M /	D D / Y Y Y Y
Т	Full Name of Payee					Date of Public	Distribution/Dissemination
	Kenny Wallis					08 /	07 / 2014
	Mailing Address 6412 Osage Dr				A	Amount	
ŀ	City State	Zip (Code		— [10.00
	North Little rock AR	7211			I		D: 2845a945-fbce-4bc1-a rsement or Obligation
	Purpose of Expenditure Salary	Cat	tegory/ Type	001		08	07 / 2014
ŀ	Name of Federal Candidate			Support	Office S	ouaht:	House District: 00
	Mr. Mark L Pryor			Oppose		resident >	
	Calendar Year-To-Date Per Election for Office Sought	5426	0.78		Disburse 2014	ement For: Other (spe	Primary
Ī	Full Name of Payee				Г	Date of Public	Distribution/Dissemination
	Kenny Wallis					08 /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 6412 Osage Dr						20.1
Ì	<u> </u>				<i>H</i>	Amount	
ŀ	City State	Zip (Code				3.78
	North Little rock AR	721	16		Tr	ransaction ID Date of Disbu	: b0bebbbc-b62c-4268-a rsement or Obligation
Ì	Purpose of Expenditure Mileage	Cat	tegory/ Type	002		08	07 / 2014
ľ	Name of Federal Candidate			Support	Office S	Sought:	House District: 00
	Mr. Mark L Pryor			Oppose		<u>*</u>	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	5	4260.78	3	Disburs 2014	ement For: Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures				•		13.78
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures				• [
٧	Under penalty of perjury I certify that the independent expendivith, or at the request or suggestion of, any candidate or authorizing committee) any political party committee or its agent.						
	Ms. Emily Buchanan	ectronically .	Filed]	Date	, M M	/ D D D 09	2014
	Signature						

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC	C C00530766
Ch	peck if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Marysol Netro	08 07 2014
	Mailing Address 312 S Gunter St	Amount
	City State Zip Code	50.00
	Siloam Springs AR 72761	Transaction ID : 2e03cb92-4f6e-476c-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	54000 70	ursement For: Primary X General
	Per Election for Office Sought 54260.78 2014	Other (specify) ►
	Full Name of Payee Marysol Netro	Date of Public Distribution/Dissemination
	Mailing Address 312 S Gunter St	08 07 2014
	312 S Gunter St	Amount
	City State Zip Code	5.10
	Siloam Springs AR 72761	Transaction ID : 6afa353a-43f6-44bd-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	ee Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb. 2016	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	55.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77)	08 09 2014
	Signature	

PAGE 26

OF

60

Schedule E)	JENT EXICITE	TI ONLO	PAGE 27 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			08 7 07 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	90.00
Mt. Airy	NC	27030	Transaction ID: e169d79d-d0a7-4e17-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 07 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	220770.80	Disbursement For:
Full Name of Payee	_		Date of Public Distribution/Dissemination
Ms. Tonya Boyd			08
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	28.50
Mt. Airy	NC	27030	Transaction ID : cdac9ce8-03d4-4c64-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	220770.80	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		118.50
, , ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	INI EXI EN	STIGHT	PAGE 28 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			08 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	70.00
Shreveport	LA	71119	Transaction ID : 29695742-5cb5-440e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			08 07 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	20.10
Shreveport	LA	71119	Transaction ID : 9b56649a-3413-426e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	88731.32	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		90.10
(b) SUBTOTAL of Unitemized Independent Expe	nditures		-)
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 09 7 2014
2. 0			

Schedule E)	IN EXILIN	STIGHTS	PAGE 29 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			08 / 07 / 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	40.00
Shreveport	LA	71104	Transaction ID: 57a8d67b-368d-4709-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			08 / 07 / 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	16.50
Shreveport	LA	71104	Transaction ID : de385409-6067-4bd9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	88731.32	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		. ▶ 56.50
(b) SUBTOTAL of Uniternized Independent Exper	nditures		
(b) SOBTOTAL OF CHILDHIZEG INDEPENDENT EXPER	iditares		7 7 7
(c) TOTAL Independent Expenditures			·
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 09 7 2014
-			

Sc	chedule E)		PAG FOF	GE 30 OF 60 R SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			IFICATION NUMBER ▼
W	Vomen Speak Out PAC			30766
Che	eck if 24-hour report X 48-hour report New report Amends report	t filed on	M / D	D / Y = Y = Y
T	Full Name of Payee	Date o	f Public Dist	tribution/Dissemination
	Ralph Smith			07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2090 Fancy Gap Rd	Amoun	t	
-	City State Zip Code	-		90.00
Ì	Mt. Airy NC 27030			e33b49d-5820-48b2-b ent or Obligation
1	Purpose of Expenditure Salary Category/ Type 001	M		07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate Support	Office Sought	: Ho	ouse District:00
Ì	Ms. Kay Hagan Oppose	Preside		enate State: NC
	Odichdal Ical Io Date	Disbursement 2014 Ot	For: her (specify)	Primary
	Full Name of Payee	Date c	f Public Dis	tribution/Dissemination
Ì	Ralph Smith		08 / D	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2090 Fancy Gap Rd	Amour	ا لت	2011
Ì	City State Zip Code	ــــــــــــــــــــــــــــــــــــــ		28.50
	Mt. Airy NC 27030	Date c	ction ID : ba of Disbursem	a1f3024-d97b-4bf9-a nent or Obligation
	Purpose of Expenditure Mileage Category/ Type 002		08 / D	07 2014
1		Office Sought	: H	ouse District: 00
Ì	Ms. Kay Hagan Oppose	Preside	nt X S	enate State: NC
		Disbursement 2014 Ot	For: her (specify	Primary
((a) SUBTOTAL of Itemized Independent Expenditures	-	7	118.50
((b) SUBTOTAL of Unitemized Independent Expenditures	•	-	
((c) TOTAL Independent Expenditures	· [7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date	M M / / 08	09	2014
	Signature			

Schedule E)	PAGE 31 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends r	eport filed on
Full Name of Payee Trent C Oelschlaeger	Date of Public Distribution/Dissemination
Mailing Address 18710 Strawberry Plant Road	08 07 2014 Amount
City State Zip Code	30.00
Fayetteville AR 72704	Transaction ID : 3bb12258-4ee7-4682-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 0	01 08 07 7 2014
Name of Federal Candidate Suppor	t Office Sought: House District: 00
Mr. Mark L Pryor Oppose	
Calendar Year-To-Date Per Election for Office Sought 54260.78	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Trent C Oelschlaeger Mailing Address 18710 Strawberry Plant Road	Date of Public Distribution/Dissemination 08 07 7 2014
	Amount
City State Zip Code Fayetteville AR 72704	17.10 Transaction ID : a429800f-9e56-46a5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type O	02
Name of Federal Candidate Suppor	t Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 54260.78	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	47.10
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >
(c) TOTAL Independent Expenditures	······ >
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
	Date 08 09 2014
Signature	

Schedule E)	PAGE 32 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Theresa A Touchet	te of Public Distribution/Dissemination
Mailing Address 102 French Street #3	08 07 2014
City State Zip Code	30.00
New Orleans NC 70124 Tra	Insaction ID: 83a66d37-dab7-4cd3-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 07 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms Mary I Landrieu	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary X General Other (specify) ▶
	te of Public Distribution/Dissemination
Theresa A Touchet	08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 102 French Street #3	nount
City State Zip Code	0.90
Dai	nsaction ID : e20e47b5-2794-43dc-b te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	30.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date One of the property of the pr	09 / 2014

Schedule E)	DENT EXICITE	ATOTILO	PAGE 33 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			08 07 2014
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	90.00
Winston Salem	NC	27105	Transaction ID: 7299e2f0-6b4f-4e19-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			08
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	12.00
Winston Salem	NC	27105	Transaction ID : c13f06ea-af47-4695-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		102.00
(b) SUPTOTAL of Uniterprized Independent Eve	oondituroo		
(b) SUBTOTAL of Unitermized Independent Exp	penaltures		-
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g.14.410			

Scl	hedule E)	EXI EIIDI	TOTILO				PAGE 34 OF 60 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee				Dat	o of Public	c Distribution/Dissemination
	Jodi Fountain					08 08	07 2014
	Mailing Address 1010 S Dogwood Drive				Am	ount	
ŀ	City	State	Zip Code				25.00
		LA	70427				ID: 22480296-0dfd-4afc-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 08	07 2014
t	Name of Federal Candidate		<u>'</u>	Support	Office Sou	aht:	House District:00
	Ms. Mary L Landrieu			Oppose			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		88731.32		Disbursem 2014	ent For: Other (sp	Primary
Γ	Full Name of Payee				Dat	e of Publi	c Distribution/Dissemination
	James Tatro					08	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 1208 Braeburn Rd					00	01 2014
1					Am	ount	
ŀ	City	State	Zip Code				60.00
		NC	28211		Tran Dat	saction II e of Disbu	D: cd21c9e9-01ac-481d-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 ^M	07 2014
	Name of Federal Candidate			Support	Office Sou	ight:	House District: 00
	Ms. Kay Hagan			Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		220770.80	0	Disbursem 2014	ent For: Other (sp	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures				•	-	85.00
(1	b) SUBTOTAL of Unitemized Independent Expenditure	}S			. •		1 4 1 4
(0	c) TOTAL Independent Expenditures				•		
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 09	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	XI ENDITORIES	PAGE 35 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fi	led on Mam / Dab / Yayayay
Full Name of Payee James Tatro		Date of Public Distribution/Dissemination
Mailing Address 1208 Braeburn Rd		08 07 2014 Amount
City Sta	te Zip Code	6.30
City Sta Charlotte No	·	Transaction ID : 4ebfeb92-e183-410b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Nick Berryhill		08 07 2014
Mailing Address 905 Lake Drive		Amount
City Sta	te Zip Code	60.00
Shelby	·	Transaction ID : 8ddc7949-c453-4715-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 07 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	Oppose [President State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		66.30
	ŕ	
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of ei	
Ms. Emily Buchanan	[Electronically Filed] Date	08 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	I EXI END	TIONEO		PAGE 36 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Nick Berryhill			M	f Public Distribution/Dissemination
Mailing Address 905 Lake Drive			Amoun	08 07 2014 t
City	State	Zip Code		28.80
Shelby	NC	28152		action ID : c3305795-77e4-41ec-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	08 07 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	;	220770.80	Disbursement 2014 Ot	For: Primary X General her (specify) ►
Full Name of Payee			Date o	f Public Distribution/Dissemination
Laura U Logie				08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire Circle				00 01 2011
			Amour	ıt
City	State	Zip Code		30.00
Harrisonburg	VA	22801		ction ID: 6989d8e8-a7a2-49f1-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	77	220770.80	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S		▶	58.80
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	
(c) TOTAL Independent Expenditures			· ·	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08 /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedul	le E)	ZIVI ZXI ZIVD			PAGE 37 OF 60 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Ob 1 - 14	24-hour report X 48-hour report	N		M file of a se	-M / D D / Y Y Y Y
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
	ame of Payee Chassidy Menard			М	of Public Distribution/Dissemination
Mailing	Address 515 Walter Dr.			Amour	
City		State	Zip Code		110.00
Lafay	ette	LA	70507		action ID : 9cc94393-5b3c-4806-a of Disbursement or Obligation
Purpos Salary	se of Expenditure		Category/ Type 001		08 07 2014
Name	of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. M	ary L Landrieu		X Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought	7	88731.32	Disbursement 2014 Ot	t For: Primary X General
	ame of Payee Chassidy Menard				of Public Distribution/Dissemination
Mailing	g Address 515 Walter Dr			L	08 07 2014
	g Address 515 Walter Dr.			Amou	nt
City		State	Zip Code		14.10
Lafay		LA	70507		ction ID: 7235a49f-c0cd-41bc-9 f Disbursement or Obligation
Milea	se of Expenditure ge		Category/ Type 002		08 / 07 / 2014
	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. M	lary L Landrieu		Oppose	Preside	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursement 2014 O	t For: Primary
(a) SUI	BTOTAL of Itemized Independent Expen	ditures		•	124.10
(b) SUI	BTOTAL of Unitemized Independent Exp	enditures		•	
(c) TO	FAL Independent Expenditures			•	7 1 7 1 7
with, or	penalty of perjury I certify that the indep at the request or suggestion of, any ca committee) any political party committee of	ndidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	08	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sign	ature		_		

Sc	hedule E)		PAGE 38 OF 60 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New re	report Amends report	filed on fil
T	Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination
-	Mailing Address 100 Asbury Ct		08 07 2014 Amount
ŀ	Otto: Chata	7:- Codo	90.00
	City State Winchester VA	Zip Code 22602	80.00 Transaction ID: 75f16584-ade3-4215-b Date of Disbursement or Obligation
Ī	Purpose of Expenditure Salary	Category/ Type 001	08 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	X Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination 08 07 7 2014
	Mailing Address 100 Asbury Ct		Amount
Ī	City State	Zip Code	80.00
	Winchester VA Purpose of Expenditure	22602	Transaction ID : ba8cca9c-7140-4344-8 Date of Disbursement or Obligation
	Salary	Category/ Type 001	08 / 07 / 2014
I	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures		160.00
((b) SUBTOTAL of Unitemized Independent Expenditures		>
((c) TOTAL Independent Expenditures		>
٧	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
		ronically Filed] Date	08 09 2014
	Signature		

Schedule E)	LIVI EXPERE	ii ones	PAGE 39 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination
,			08 / 07 / 2014
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID : 549a8ffa-8e90-4801-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	220770.80	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Rze Culbreath			08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID : d1d5d39c-b454-41d0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		150.00
(-)			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 09 / 2014

Scl	hedule E)	1101120	F	PAGE 40 OF 60 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	omen Speak Out PAC			00530766
Che	eck if 24-hour report X 48-hour report New rep	port Amends repor	rt filed on	D = D / Y = Y = Y
Т	Full Name of Payee		Data of Public	Distribution/Dissemination
	Jon E Conner		Date of Public	Distribution/Dissemination 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 Asbury Ct		Amount	
ŀ	City State	Zip Code		40.00
	Winchester VA	22602		D: ad16642b-66ba-4a67-8 sement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08	07 / 2014
l	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	Oppose	President X	NO.
	Calendar Year-To-Date Per Election for Office Sought	220770.80	Disbursement For: [2014 Other (spe	Primary
ſ	Full Name of Payee		Date of Public	Distribution/Dissemination
	Joseph R Rys		M M /	07 2014
ŀ	Mailing Address 160 #50 Pompano Dr			01 2017
			Amount	
ŀ	City State	Zip Code		60.00
	New Bern NC	28560	Transaction ID Date of Disbur	: 419e3043-5a15-4758-8 rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08	07 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President X	
	Calendar Year-To-Date Per Election for Office Sought	220770.80	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures		•	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>	
(c) TOTAL Independent Expenditures		>	7
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	08 / 09	2014
	Signature	_		

Sche	dule E)	EXI EIIDI	101120			PAGE 41 OF 60 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
Won	nen Speak Out PAC					C00530766
011-	Y	V N			M = M /	D = D / Y = Y = Y
Check i	if 24-hour report X 48-hour report	X New repo	ort Amends rep	ort filed on		
	Name of Payee Diseph R Rys			Da	te of Public	Distribution/Dissemination 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	iling Address 160 #50 Pompano Dr			Am	nount	2011
City	<i>y</i>	State	Zip Code			7.80
		NC	28560			D: f2796449-ef0e-4910-b rsement or Obligation
	rpose of Expenditure leage		Category/ Type 002		08	07 / 2014
Nar	me of Federal Candidate		Support	Office Sor	ught:	House District:00
Ms	s. Kay Hagan		X Oppose	Pre	sident \sum	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	20770.80	Disbursen 2014	nent For: Other (spe	Primary X General ecify) ▶
	Name of Payee			Da	te of Public	Distribution/Dissemination
ا ا	anielle McCoy				08 /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	iling Address 1025 Cayley Ct				00	2014
	, ,			An	nount	
City	y	State	Zip Code			67.50
	gh Point	NC	27260	Tra	nsaction ID te of Disbu	: 03760ab2-8cb8-4a33-8 rsement or Obligation
	rpose of Expenditure alary		Category/ Type 001		08	07 / 2014
Na	me of Federal Candidate		Support	Office So	ught:	House District: 00
Ms	s. Kay Hagan		Oppose	Pre	sident >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		220770.80	Disburser 2014	nent For: Other (sp	Primary X General ecify) ►
(a) \$	SUBTOTAL of Itemized Independent Expenditures			···· >		75.30
(b) s	SUBTOTAL of Unitemized Independent Expenditure	es		··· •		
(c) -	TOTAL Independent Expenditures			··· •		
with,	er penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electroni	cally Filed] Dat	te 08	/ 09	/ Y Y Y Y Y Y 2014
S	ignature					

Schedule E)	LIVI EXI LIVE	oneo	PAGE 42 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	t filed on
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			08 07 2014 Amount
City	State NC	Zip Code	21.60
High Point Purpose of Expenditure Mileage	INC	27260 Category/	Transaction ID: 191a1225-42a2-406b-9 Date of Disbursement or Obligation
Name of Federal Candidate		Type 002 Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For:
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4902 Catawba Dr			Amount 2014
City	State NC	Zip Code 27407	100.00 Transaction ID : c17897fa-2eed-4e77-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		\(\overline{\text{V}}\) Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	220770.80	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		121.60
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 09 2014

Scł	hedule E)	.146.	101120			PAGE 43 OF 60 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC				С	C00530766
Che	ck if 24-hour report X 48-hour report New	w repo	ort Amends repor	rt filed on	M = M /	/ D = D / Y = Y = Y
Т	Full Name of Payee			Date	of Publi	c Distribution/Dissemination
	Eleanor McCoy			[M M M 08	07 / 2014
	Mailing Address 4902 Catawba Dr			Amo	unt	
1	City State	;	Zip Code			24.60
	Greensboro NC		27407			ID: cbea6e44-25c5-4dbf-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002] [M M 08	07 2014
	Name of Federal Candidate		Support	Office Soug	ıht:	House District: 00
	Ms. Kay Hagan		X Oppose	Presi	· _	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	22	20770.80	Disburseme 2014	ent For: Other (sp	Primary ☐ General Decify) ▶
	Full Name of Payee Lisa Booth			Date	of Publi	c Distribution/Dissemination
	LISA BOOKI				M M M	07 / 2014
	Mailing Address 1434 South Avenue			Amo	ount	
-	City State		Zip Code	$ $ Γ		100.00
Ì	Eden NC		27288	Trans Date	saction II	D: 42aaadfc-c362-4801-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08	07 2014
	Name of Federal Candidate		Support	Office Souç	ght:	House District: 00
	Ms. Kay Hagan		X Oppose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		220770.80	Disburseme 2014	ent For: Other (sp	Primary X General pecify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures					124.60
`	, 502.10.112.51.100.1121.1121.1121.1121.11					7
(l	b) SUBTOTAL of Unitemized Independent Expenditures			•		7
(0	c) TOTAL Independent Expenditures			•		
W	Inder penalty of perjury I certify that the independent expendir vith, or at the request or suggestion of, any candidate or author arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Ele	ectronic	cally Filed] Date	M M M M	09	/ Y Y Y Y Y Y 2014
	Signature					

Schedule E)	JENT EXI ENE	ATTOTILES	PAGE 44 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 07 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	12.60
Eden	NC	27288	Transaction ID: 07e959f9-1919-482b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 07 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			08 07 Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	25.00
Raleigh	NC	27604	Transaction ID: 614c9c67-cca0-43eb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		37.60
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		•
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g.10.010			

Schedule E)	EXI END	TI OTILO		PAGE 45 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			М	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Lee R Carter				f Public Distribution/Dissemination
Mailing Address 3110 Brentwood Rd				08 07 2014
3 110 Bielitwood Ku			Amoun	t
City	State	Zip Code		8.70
Raleigh	NC	27604		nction ID: b2900959-47ff-440d-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	08 07 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	220770.80	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Francis Richardson				08 07 2014
Mailing Address 220 Doucet Rd				00 01 2011
			Amour	nt
City	State	Zip Code		30.00
Lafayette	LA	70503		ction ID: 7f31b203-21e3-4b52-a If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 07 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	88731.32	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. •	38.70
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
(c) TOTAL Independent Expenditures				7 7 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Scl	hedule E)	EXI ENDI	TOTILO				PAGE 46 OF 60 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
						M M /	D D / Y Y Y Y
Che	ck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on		
	Full Name of Payee Francis Richardson				Da	ate of Public	c Distribution/Dissemination
ŀ	Mailing Address 220 Doucet Rd					08	07 2014
L					Ar	nount	
1	City		Zip Code				2.01
ŀ	Lafayette	LA	70503				ID: 75483f48-1f35-4ea5-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08 08	07
Г	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Ms. Mary L Landrieu		X	Oppose	Pre	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		88731.32		Disburser 2014	ment For: Other (sp	Primary
Γ	Full Name of Payee				Da	ate of Public	c Distribution/Dissemination
1	Phillip Williams					M = M /	07 2014
ľ	Mailing Address 3007 Darden Rd						
1					Ar	nount	
ľ	City	State	Zip Code				60.00
	Greensboro	NC	27407		Tra Da	nsaction II ate of Disbu	D: 9c7a97df-f553-46dc-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08	07 2014
ľ	Name of Federal Candidate			Support	Office Sc	ught:	House District: 00
l	Ms. Kay Hagan		X	Oppose	Pre	esident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		220770.8	0	Disburser 2014	ment For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures.				. •		62.01
(1	b) SUBTOTAL of Unitemized Independent Expenditure	es					
(0	c) TOTAL Independent Expenditures				•		
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M = M = 08	/ 09	2014
	Signature						

Schedule E)		TIONES	PAGE 47 FOR SE OF	OF 60 F FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER ▼	
Women Speak Out PAC			C C00530766		
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	t filed on	Y Y Y Y Y	
Full Name of Payee Phillip Williams			Date of Public Distribution	/Dissemination	
Mailing Address 3007 Darden Rd			08 07 Amount	2014	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9e49ab2		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or 0	Obligation 2014	
Name of Federal Candidate		Support	Office Sought: House	District: 00	
Ms. Kay Hagan		X Oppose	President Senate	State: NC	
Calendar Year-To-Date Per Election for Office Sought	-,,	220770.80	Disbursement For: Primary 2014 Other (specify) ▶	/ Kaneral	
Full Name of Payee Beverly Williams			Date of Public Distribution	/Dissemination	
Mailing Address 3007 Darden Rd			08 07	2014	
City	State	Zip Code		60.00	
Greensboro	NC	27407	Transaction ID : 6c955ae4 Date of Disbursement or	-19bf-493c-8	
Purpose of Expenditure Salary		Category/ Type 001	08 07	2014	
Name of Federal Candidate		Support	Office Sought: House	District: 00	
Ms. Kay Hagan		X Oppose	President Senate	State: NC	
Calendar Year-To-Date Per Election for Office Sought	7 7	220770.80	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	y X General	
(a) SUBTOTAL of Itemized Independent Expendi	tures		·	85.20	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>		
			4		
(c) TOTAL Independent Expenditures			·		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 09 20°	14	
Olynatul c					

Schedule E)	LIVI LXI LIVI	SHORLS	PAGE 48 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 / 07 / 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	45.00
METAIRIE	LA	70003	Transaction ID : cbe2224c-1ab9-4d2c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 / 07 / 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	0.60
METAIRIE	LA	70003	Transaction ID : 1252f1fb-00cb-467c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		• 45.60
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
U			

Schedule E)	ENT EXILIN	DITORILO	PAGE 49 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			08 / 07 / 2014
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	29.67
Lafayette	LA	70508	Transaction ID : d4702881-9ae9-4181-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	6.87
Lafayette	LA	70508	Transaction ID : 116d3ebb-a6fd-4fb8-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		36.54
(b) CURTOTAL of Heitseries Hedge and let For			
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 09 7 2014
•			

Schedule E)	IN EXILIE	TIONES	PAGE 50 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Serena A Jones			08 / 07 / 2014
Mailing Address 7151 Mullins Drive			Amount
City	State	Zip Code	90.00
Saltville	VA	24370	Transaction ID: 6194ddce-66a4-47a2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	220770.80	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Serena A Jones			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7151 Mullins Drive			Amount
City	State	Zip Code	30.60
Saltville	VA	24370	Transaction ID : 5cca8e9f-61c7-48f7-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	220770.80	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		120.60
(b) SUBTOTAL of Uniternized Independent Exper	nditures		
(b) SOBTOTAL OF STITLEST Maspertachic Experi			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
•			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 51 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Francesca Blom			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct			Amount
City	State	Zip Code	90.00
Winchester	VA	22602	Transaction ID: 081d9552-81bc-4bd2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 07 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	220770.80	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francesca Blom			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct			Amount
City	State	Zip Code	5.00
Winchester	VA	22602	Transaction ID : fc411716-a5dd-4280-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		95.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		• •
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	LIVI EXPEND	TIONES	PAGI	E 52 OF 60 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FICATION NUMBER V
Women Speak Out PAC			C C0053	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Distr	ibution/Dissemination
James W Blevins			M M / D	
Mailing Address 108 East Clinton St			Amount	
PO Box 410				
City Salemburg	State NC	Zip Code 28385		40.00 8baa55-dd4a-4cbf-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disburseme	_
Name of Federal Candidate		Cupport	Office Sought: Hou	use District: 00
Ms. Kay Hagan		Support Oppose		nate State: NC
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: F F Other (specify)	Primary X General
Full Name of Payee	-		Date of Public Distr	ibution/Dissemination
James W Blevins				07 2014
Mailing Address 108 East Clinton St			Amount	
PO Box 410			Amount	
City	State	Zip Code		9.06
Salemburg Purpose of Expenditure	NC	28385	Transaction ID: 868 Date of Disbursement	
Mileage		Category/ Type 002		2014
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Kay Hagan		Oppose	President X Se	
Calendar Year-To-Date Per Election for Office Sought		220770.80	Disbursement For: U I 2014 Other (specify)	Primary X General ▶
(a) CUPTOTAL of Harrison Indiana and a Linear				
(a) SUBTOTAL of Itemized Independent Expendent	altures		-	49.06
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	4
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / D 09	2014
- 3				

Schedu	le E)	LITT EXTENS			PAGE 53 OF 60 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y D Y D Y
	ame of Payee lyn Lesaicherre				of Public Distribution/Dissemination
	g Address 629 Radiance Ave			IV	08 07 2014
				Amou	nt
City		State	Zip Code		50.00
Metai		LA	70001		action ID: d91b3bf4-993e-4d01-8 of Disbursement or Obligation
Purpos Salar	se of Expenditure		Category/ Type 001	N	08
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. M	lary L Landrieu		X Oppose	Preside	ent X Senate State: LA
	calendar Year-To-Date ler Election for Office Sought		88731.32	Disbursemen 2014 O	t For: Primary X General
	ame of Payee				of Public Distribution/Dissemination
Eve	lyn Lesaicherre			T.	08 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailin	g Address 629 Radiance Ave				
				Amou	nt
City		State	Zip Code		6.90
Metai		LA	70001	Transa Date	ction ID: 3717d6b1-d046-448b-b of Disbursement or Obligation
Purpo Milea	se of Expenditure ge		Category/ Type 002		08 / 07 / Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. M	lary L Landrieu		Oppose	Preside	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursemer 2014	t For: Primary
(a) SU	BTOTAL of Itemized Independent Expend	itures		•	56.90
(b) SU	BTOTAL of Unitemized Independent Expe	nditures		. •	7 1 7 1 7 1
(c) TO	FAL Independent Expenditures			•	7
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any canonimittee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	08	09 2014
Sign	ature				

Sc	hedule E)	EXI ENDI	101120		PAGE 54 OF 60 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee				Date of Public Distribution/Dissemination
	Tarrin Lesaicherre				08 07 2014
	Mailing Address 629 Radiance Ave				Amount
ŀ	City S	tate	Zip Code		70.00
	Metairie	LA	70001		Transaction ID: 95defb82-727f-424a-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	01	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	t Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbu 2014	rsement For: Primary
ľ	Full Name of Payee				Date of Public Distribution/Dissemination
	Tarrin Lesaicherre				08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 629 Radiance Ave				00 07 2014
					Amount
ŀ	City	state	Zip Code		6.90
		LA	70001		Transaction ID : 0b8fdbc2-c921-46db-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00	02	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		Support	t Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose	•	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbu 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			····· >	76.90
(b) SUBTOTAL of Unitemized Independent Expenditures	s		····· Þ	1171171171
(c) TOTAL Independent Expenditures			······ >	
٧	Under penalty of perjury I certify that the independent of its age.	or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date 0	8 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Scł	nedule E)	EXI ENDI	101120		-	PAGE 55 OF 60 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	и = м /	D = D / Y = Y = Y
_			, anonae repe			
١	Full Name of Payee Brandon Guttuso				of Public	Distribution/Dissemination 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3013 Transcontinental Dr			Amou		
H	City	State	Zip Code			70.00
	Metairie	LA	70006			9 : 8c854f61-0049-4e34-9 sement or Obligation
١	Purpose of Expenditure Salary		Category/ Type 001		08	07 / 2014
ı	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	lent X	
	Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursemer 2014	nt For: Other (spe	Primary
Γ	Full Name of Payee			Date	of Public	Distribution/Dissemination
	Brandon Guttuso				M M /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Mailing Address 3013 Transcontinental Dr			Amoi		
١	City Metairie	State LA	Zip Code 70006	Trans	action ID	6.90 : 058811dc-5c0c-4754-b
ľ	Purpose of Expenditure Mileage		Category/ Type 002	Date	08 /	sement or Obligation 07 2014
-	Name of Federal Candidate		Support	Office Soug	ht·	House District: 00
	Ms. Mary L Landrieu		Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought		88731.32	Disbursement 2014	nt For: [Other (spe	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures			•		76.90
(l	b) SUBTOTAL of Unitemized Independent Expenditure	res		· • [
(0	c) TOTAL Independent Expenditures			•	-7-	7
W	nder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 08	09	2014
	Signature		_			

Scł	nedule E)	EXI ENDI	TOTILO				PAGE 56 OF 60 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amen	ds reno	rt filed on	M = M /	D = D / Y = Y = Y
_			Amen	<u> </u>	Tt filed off		
۱	Full Name of Payee Jeanne Tribou				Date	of Public	Distribution/Dissemination 07 2014
	Mailing Address 22369 Ponderosa Dr.				Amo	unt	
ŀ	City	State	Zip Code				45.00
	Mandeville	LA	70471				D: 625f4397-d977-48df-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001] [08	07 2014
ı	Name of Federal Candidate		Sup	port	Office Soug	ht:	House District:00
ŀ	Ms. Mary L Landrieu		X Op	pose	Presid	dent	Senate State: LA
L	Calendar Year-To-Date Per Election for Office Sought		88731.32		Disburseme 2014	nt For: Other (sp	Primary X General Decify) ▶
Γ	Full Name of Payee				Date	of Public	c Distribution/Dissemination
1	Jeanne Tribou					M = M 80	07 2014
ľ	Mailing Address 22369 Ponderosa Dr.						
1					Amo	unt	
ŀ	City	State	Zip Code				4.50
	Mandeville	LA	70471		Trans Date	of Disbu	D: a81981a3-a660-4954-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002] [08	07 2014
	Name of Federal Candidate		Su	pport	Office Soug	ıht:	House District: 00
	Ms. Mary L Landrieu		X Op	pose	Presi	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , , , ,	88731.32		Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	i			•	7	49.50
(I	b) SUBTOTAL of Unitemized Independent Expenditure	res			· -	-	1 1 2 1 1 2 1
(0	c) TOTAL Independent Expenditures				• [-	
W	Inder penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	08 /	09	2014
	Signature		_				

Scł	nedule E)	EXI END	TOTILO		F	PAGE 57 OF 60 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C	000530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends	report file	d on/	D = D / Y = Y = Y
Т	Full Name of Payee				Date of Public	Distribution/Dissemination
	Michael Vidrine				08	07 2014
	Mailing Address 1103 West Wilson Street				Amount	
ŀ	City	State	Zip Code			60.00
	Ville Platte	LA	70586			D: 3b45cb6e-c814-410e-8 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	08	07 / 2014
ı	Name of Federal Candidate		Suppo	ort Offic	ce Sought:	House District:00
	Ms. Mary L Landrieu		X Oppos		President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	88731.32	Dist 201	oursement For: 4 Other (spe	Primary
Γ	Full Name of Payee				Date of Public	Distribution/Dissemination
1	Michael Vidrine				M M / / 08	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 1103 West Wilson Street					0. 2011
1					Amount	
ŀ	City	State	Zip Code			34.80
	Ville Platte	LA	70586		Transaction ID Date of Disbur	: c9bb6c3f-0ca4-4917-b rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	08	07 / 2014
ľ	Name of Federal Candidate		Suppo	ort Offi	ce Sought:	House District: 00
	Ms. Mary L Landrieu		X Oppos	se	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	88731.32	Dis 201	bursement For: 4 Other (spe	Primary X General ecify) ►
(8	a) SUBTOTAL of Itemized Independent Expenditures	3		······ >	7	94.80
(I	b) SUBTOTAL of Unitemized Independent Expenditu	res		······ ▶		
(0	C) TOTAL Independent Expenditures			······ >	7	
W	nder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	08 09	2014
	Signature		_			

ScI	hedule E)	.110.	1101120		PAGE 58 OF 60 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	_			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report New	w rep	ort Amends repor	rt filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee Carey T Henderson			Da	ate of Public Distribution/Dissemination
-	Mailing Address 1025 Inverness Rd				08 / 07 / 2014
I				Ai	mount
	City State		Zip Code		85.00
	Suthern Pines NC		28387		ransaction ID: 689259c2-f075-43e4-9 late of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 07 2014
l	Name of Federal Candidate		Support	Office Sc	ought: House District: 00
	Ms. Kay Hagan		X Oppose		esident State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	220770.80	Disburse 2014	ement For: Primary X General Other (specify) ▶
ŀ	Full Name of Payee	_		D	Date of Public Distribution/Dissemination
	Carey T Henderson				M = M / D = D / Y = Y = Y
ŀ	Mailing Address 1025 Inverness Rd				08 07 2014
	1025 Invertiess ru			Α	mount
ŀ	City State		Zip Code	-	16.80
	Suthern Pines NC		28387		ansaction ID: a7f9aadf-febd-42df-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 / 07 / 2014
ľ	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Kay Hagan		Oppose	Pro	resident State: NC
	Calendar Year-To-Date Per Election for Office Sought		220770.80	Disburse 2014	ement For: Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures			•	101.80
(1	b) SUBTOTAL of Unitemized Independent Expenditures			•	
(0	c) TOTAL Independent Expenditures			•	
W	Under penalty of perjury I certify that the independent expenditivith, or at the request or suggestion of, any candidate or authoracty committee) any political party committee or its agent.				
		ectron	nically Filed] Date	M = M 08	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	PAGE 59 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amend	Is report filed on
Full Name of Payee Morgan R Padgett	Date of Public Distribution/Dissemination
Mailing Address 2164 Kay Rd	08 07 2014 Amount
City State Zip Code Greenville NC 27858	20.00 Transaction ID: 400a0608-ea05-4c2f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Supp	port Office Sought: House District: 00
Ms. Kay Hagan Opp	
Calendar Year-To-Date Per Election for Office Sought 220770.80	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Daniel E Collison	Date of Public Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd	08 07 2014 Amount
City State Zip Code	50.00
Greensboro NC 27410	Transaction ID : eafd647c-e752-4831-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 MO8 / DO7 / Y 2014
Name of Federal Candidate Sup	port Office Sought: House District: 00
Ms. Kay Hagan Opp	
Calendar Year-To-Date Per Election for Office Sought 220770.80	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 08 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sched	lule E)	110.120		PAGE 60 OF 60 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC		C	C00530766
Check is	24-hour report X 48-hour report New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Da	Name of Payee aniel E Collison		Date of Pub	olic Distribution/Dissemination
Mai	ing Address 3315 Cardinal Ridge Rd		Amount	07 2014
City Gre	State eensboro NC	Zip Code 27410		18.90 n ID : 0e9adb6b-3096-4f99-8
	pose of Expenditure eage	Category/ Type 002	Date of Dis	bursement or Obligation 7
Nan	ne of Federal Candidate			00
	Kay Hagan	Support Oppose	Office Sought: President	House District: 00 Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	220770.80	Disbursement For:	
Full	Name of Payee			blic Distribution/Dissemination
			Date of Pul	/ D D / Y Y Y Y Y
Mai	ling Address		Amount	
City	State	Zip Code		, , , , , , ,
			Date of Dis	sbursement or Obligation
Pur	pose of Expenditure	Category/ Type	M = M	/ D D / Y Y Y Y
Nar	ne of Federal Candidate	Support	Office Sought:	House District:
		Oppose	President	Senate State:
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	: Primary General
			Outer ((specify) F
(a) S	SUBTOTAL of Itemized Independent Expenditures		•	18.90
(b) S	SUBTOTAL of Unitemized Independent Expenditures		. •	7 1 27 1 27
(c) T	OTAL Independent Expenditures		•	4223.91
with,	r penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	ically Filed] Date	. 08 09	
Si	gnature			